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**Thursday, October 30, 2008**

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Subject	Page
Abuse-neglect	2-4
Medicaid	5
Miscellaneous*	6



Nebraska's governor Dave Heineman, with Todd Landry, director of children and family services at Nebraska's Health and Human Services, left, announced at a news conference in Lincoln, Neb., Wednesday, Oct. 29, 2008, that he had called a special session of the legislature to fix the state's "safe haven" law, which allows parents to abandon children as old as 18. The announcement came a day after a 17-year-old was left at a hospital in Lincoln, Neb., the 23rd child abandoned since the law took effect in July. Gov. Heineman said legislation will be introduced to amend the law so it applies only to infants up to 3 days old. Nebraska's current safe haven law is the only one in the country that lets anyone leave a child as old as 18 at a state-licensed hospital without fear of prosecution for abandonment. (AP Photo/Nati Harnik)



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Patchwork of safe-haven laws

## Neb. sets special session on safe-haven law

By NATE JENKINS – 20 hours ago

LINCOLN, Neb. (AP) — Deciding he could wait no longer to address what has become a state embarrassment, Gov. Dave Heineman said Wednesday he will call a special legislative session to amend Nebraska's loosely worded safe-haven law, which in just a few months has allowed parents to abandon nearly two dozen children as old as 17.

Heineman had planned to wait until the next regular legislative session convened in January, but changed his mind as the number of children dropped off at hospitals grew. Two teenagers were abandoned Tuesday night alone, and three children dropped off previously did not even live in Nebraska.

"We've had five in the last eight days," Heineman said in explaining why he called a special session. "We all hoped this wouldn't happen."

The special session will begin Nov. 14. That's less than two months before the regular legislative session, but the governor and others see a need to act quickly.

"This law needs to be changed to reflect its original intent" to protect infants, Heineman said during a news conference Wednesday.

The law, which was signed by Heineman in February and took effect in July, prohibits parents from being prosecuted for leaving a child at a hospital.

Use of the word "child" was a compromise after legislators disagreed about what age limit to set, but that decision made Nebraska's safe-haven law the broadest in the nation by far. Most states have age limits ranging from 3 days to about a month.

As of Wednesday 23 children had been left at Nebraska hospitals, including nine from one family and children from Iowa, Michigan and Georgia. Many are teenagers, only one is younger than 6 and none are babies.

Most Nebraska lawmakers have agreed upon revisions that would put an age limit of 3 days on infants who could be dropped off at hospitals.

Veteran legislator Ernie Chambers of Omaha, who opposes safe-haven laws and is skilled at killing laws he doesn't like, said Wednesday that he will not obstruct passage of the revision.

"It is terrible for children at those ages that are being dropped off to be deserted and abandoned," he said. "I think the governor has made a very wise decision."

A 17-year-old Lincoln boy was left at a Lincoln hospital Tuesday night. State officials said the boy's stepfather and mother took him to BryanLGH Medical Center West and that the boy was in state care.

According to Lincoln Police Capt. Jim Thoms, the parents told officers the boy wouldn't follow the parents' rules and that they couldn't afford some programs he needed.

In a statement Wednesday issued by the Department of Health and Human Services, Children and Family Services division director Todd Landry confirmed the boy was the 23rd left at a Nebraska hospital.

Also Tuesday night, a 15-year-old girl was abandoned by her father at an Omaha hospital. Landry said authorities believe the girl is from Nebraska. And on Monday evening, a 15-year-old girl from Nebraska was left at Creighton University Medical Center in Omaha. She has been placed in a residential shelter while authorities continue to investigate her situation, Landry said.

The children brought from Iowa and Michigan have been returned to their states, and Lancaster County officials said Tuesday that the child from Georgia will be turned over to child-welfare worker from that state on Wednesday.

*Associated Press writer Nelson Lampe in Omaha contributed to this report.*

On the Net:

<http://www.latimes.com/news/nationworld/nation/wire/sns-bc-ne--safehaven1stld-writethru,1,4913133.story>

## **Another child left at hospital as Nebraska prepares to deal with unique safe-haven law**

By NATE JENKINS  
Associated Press Writer

5:25 AM PDT, October 30, 2008

LINCOLN, Neb. (AP) \_ Another teenager has been left at a Nebraska hospital as the state prepares for a special session to review its safe-haven law.

A spokesman for the Nebraska Medical Center in Omaha said Thursday that a 17-year-old boy was dropped off Wednesday night.

If his status is confirmed by the state, he would be the 24th child dropped off under provisions of the law since it took effect in July.

A spokeswoman for the Nebraska Department of Health and Human Service said she could not yet confirm any information about the boy or his situation.

The recent rash of child drop-offs, including a two teenagers Tuesday night, prompted Gov. Dave Heineman to call a special legislative session to tighten Nebraska's loosely worded safe-haven law.

The timing of the session illustrates how badly Heineman and others want to stop what has turned into an embarrassment for Nebraska: The special session will begin Nov. 14, less than two months before they begin the regular, annual legislative session.

"This law needs to be changed to reflect its original intent" to protect infants, Heineman said during a news conference Wednesday. The proposal most lawmakers have agreed upon would put an age limit of 3 days on infants who could be dropped off at hospitals, but other age limits could be considered during the special session.

Currently, Nebraska's law is the only one in the country that lets parents or caregivers leave children as old as 17 at a state-licensed hospital and in the custody of the state without fear of prosecution for the abandonment.

Most states have age limits ranging from 3 days to about a month.

"We've had five in the last eight days," Heineman said Wednesday in explaining why he called a special session. It is expected to last a week and cost roughly \$70,000. "We all hoped this wouldn't happen."

The planned legislation with the 3-day age limit will be introduced by Speaker Mike Flood of Norfolk. Veteran legislator Ernie Chambers of Omaha, who opposes safe-haven laws and is skilled at killing laws he doesn't like, said Wednesday that he will not obstruct passage of the revision.

Permanent emotional damage, he said, is being done to older kids who are dumped at hospitals.

"It is terrible for children at those ages that are being dropped off to be deserted and abandoned," he said. "I think the governor has made a very wise decision."

But not everyone agrees that the special session — the 27th in the last half century — is needed, including the main sponsor of the safe-haven bill passed earlier this year. Sen. Arnie Stuthman of Platte Center wanted a 3-day age limit in his bill but still opposes a rush to change the law.

"I hate to say, 'Oh man, we just need to use it for kids up to 72 hours old,'" Stuthman said. "The big problem is we need to address what there seems to be a need for. It seems like people aren't able to get services for these older kids."

Heineman suggested the drop-offs illustrate that parents aren't aware of services, not that the safety net already in place is insufficient. "I believe there are services out there some parents aren't aware of," he said.

Some lawmakers aren't convinced. Sen. Brad Ashford of Omaha says the drop-offs have exposed holes in the safety net and will introduce a bill that would let juvenile courts place kids without first having to determine that they have been abused or neglected.

The children dropped off at Nebraska hospitals include three from other states — Iowa, Michigan and Georgia.

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Associated Press writer Nelson Lampe in Omaha contributed to this report.

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On the Net:

DHHS' safe-haven page: [http://www.hhs.state.ne.us/Children\\_Family\\_Services/SafeHaven](http://www.hhs.state.ne.us/Children_Family_Services/SafeHaven)

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**October 30, 2008****EDITORIAL****Don't Blame the Uninsured**

In the debate over health care, there is a widely held belief that uninsured people are clogging the nation's emergency rooms to receive free care for minor ailments. As President Bush fatuously proclaimed last year: "People have access to health care in America. After all, you just go to an emergency room."

A provocative new study in the Journal of the American Medical Association calls that belief into question but leaves another troublesome implication: that many uninsured patients are simply going without needed care until they become so sick that they can't stay away.

Emergency rooms are legally obligated to treat real emergencies without regard to a patient's ability to pay, and many end up providing care that is less than urgent.

Researchers at the University of Michigan reviewed 127 studies and found that many uninsured patients do seek nonurgent care in emergency rooms. But they do not make up a disproportionate share of such patients, perhaps because they know that they will be billed for the costly visit and have no insurance to cover it. Only 17 percent of emergency room visits in this country are made by uninsured patients, but they add to the financial strain on many hospitals.

Although the number of uninsured patients in emergency rooms has been rising, so has the number of insured patients, largely because both groups lack easy access to primary care. As it turns out, people who have public insurance, such as Medicaid, were more likely to crowd into the emergency room for minor complaints, especially in low-income areas.

There are many causes of emergency room crowding, including the closure of many emergency departments, a shortage of primary care doctors, a concomitant rise in the number of patients turning to emergency rooms and a shortage of inpatient beds into which the sickest patients can be moved.

These problems need to be solved with an infusion of money and resources.

Meanwhile, it remains critical to provide health coverage for some 45 million uninsured Americans. The new study suggests that many of them may not "just go to an emergency room" for the care they need.

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Thu, Oct 30, 2008 10:07 AM

## Bill calls for pacts between MDOT, communities

Andrew Sawmiller

Spinal Column

[http://www.spinalcolumnonline.com/Articles-i-2008-10-29-](http://www.spinalcolumnonline.com/Articles-i-2008-10-29-56403.113117)

[56403.113117 Bill calls for pacts between MDOT communities.html](http://www.spinalcolumnonline.com/Articles-i-2008-10-29-56403.113117)

October 29, 2008 - Legislation introduced in the state House would require the Michigan Department of Transportation (MDOT) to enter into a so-called "community benefits" agreement with local units of governments for any road construction, road maintenance or preservation project that requires a federal environmental impact study.

House Bill (HB) 6530 was introduced by state Rep. Rebekah Warren (D-Ann Arbor). The bill also stipulates that if local officials decline participation in the benefits agreement, the local unit can then designate a community organization to represent their interests.

The bill has been referred to the House Transportation Committee.

Some local opponents of the measure say it smacks of what was once called government welfare, which would be written into the the state's Public Act 51 that governs road and transportation projects and funding.

Under the bill, a benefits agreement must include "provisions relating to mitigation of degradation of environmental quality caused by the project, including, but not limited to, air quality, water quality, or wetland remediation; provisions relating to employment conditions for jobs generated by the project, including, but not limited to, living wage requirements or hiring and training workers from communities with high unemployment and low income; provisions addressing the aesthetic impact of the project on the community, including, but not limited to, barriers, buffers, landscaping, and signage; provisions addressing mitigation related to direct negative impacts of the project, including, but not limited to, truck traffic, noise, vibrations, and relocation of historically significant buildings and relocation of community facilities; provisions relating to mitigation of indirect negative impact from the project, including, but not limited to, construction of parks and recreational facilities, construction of affordable housing, relocation of displaced businesses, infrastructure improvements, and provision of additional health services; and provisions addressing ongoing community involvement in the project."

The bill also stipulates that if MDOT, after putting forth its best efforts to do so, can't find a local unit of government or community organization to enter into a agreement, one is not needed for the project.

Lakes area state Rep. Chuck Moss (R-Orchard Lake) said he can't support such a bill, citing that the state doesn't have enough money to build the roads it needs to, let alone the cash to provide all the things mentioned in the bill.

"This asks more questions than it answers," he said. "Basically, it advances a social agenda. When you're building roads, it forces the people building the roads to provide welfare benefits to the community. By welfare benefits, it means jobs generate by the project, living wage requirements, hiring and training workers from communities with high unemployment and low income, construction of parks and recreational facilities, constriction of affordable housing, and provision of additional health services. So things that have traditionally been serviced by the **Department of Human Services** are now going to be required of the road builders as a condition of building the road. That's what this is."